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17-39
X23150

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9152**
Registrar's No. **2562**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fairmount Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community about 25 or 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00012
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. Fairmount Hotel
4907 Maryland (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME MOLLY LUCE HOPE
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1941 hour 5 minute 30 A. M.

4. Sex / female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Judge Alex W. Hope
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased June 23
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1934
1919 to March 30, 1941
that I last saw her alive on March 13, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Cerna 3 days Duration

8. AGE: Years about 82 Months Days If less than one day hr. min.

Due to Cardiac embolism
Heart Arteriosclerosis 7 years
Due to Arteriosclerosis 2 years
General
Other conditions Smility
(Include pregnancy within 3 months of death)

9. Birthplace Louisiana Missouri (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business !!

Major findings: Of operations none
Of autopsy negative
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Homer J. Luce
13. Birthplace Louisiana Missouri (City, town, or county) (State or foreign country)
14. Maiden name Irene Furbridge
15. Birthplace Louisiana Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Thomson
(b) Address Fairmount Hotel

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois
18. (a) Signature of funeral director Alexander's Sons
(b) Address 6175 Delmar Blvd.
19. (a) MAR 21 1941 (b) J. N. Bredek (Registrar's signature)

23. Signature Red W. Oline (M. D. or nurse)
Address 809 Hamilton Date signed 3-20-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Joseph E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Deemar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.